

State of Louisiana
Office of State Uniform Payroll

PRINT OR TYPE THIS FORM

REQUEST DATE _____

CONTROL NO. _____

OPERATOR ID _____

PRINTER ID _____

MAINFRAME/NETWORK PRINTER ID _____

IF USING AN ATTACHED P.C. PRINTER, PROVIDE
NAME OF EMULATION SOFTWARE PACKAGE

ACTION CODE (SELECT ONE)

_____ **ADD** _____ **DELETE**

_____ **RESET PASSWORD** _____ **SUSPEND**

_____ **UNSUSPEND (REACTIVATE)**

_____ **CHANGE INFORMATION IN A RECORD**

OPERATOR NAME: _____

(LAST, FIRST, MIDDLE INITIAL)

PHONE NUMBER: _____

(AREA CODE)

COMMENTS: _____

NEW/REVISED PERMISSIONS:

_____ **ACCESS LEVEL** (Select 1, 2, 3 or 4)

1 - CT# _____ **2** - PRN _____ **3** - SECT _____ **4** - UNIT _____
(COMPLETE SPECIFIC UPS ID(S) TO BE ACCESSED)

ACCESS LEVEL NAME: _____

_____ **TIME ENTRY SYSTEM OPERATOR TYPE** (Select Type if Applicable)

H - HEADQUARTERS **T** - TIMEKEEPER **R** - RESTRICTED TIMEKEEPER (NO RATE CHANGES) **I** - INQUIRY ONLY

_____ **MASTER RECORD ACCESS SYSTEM OPERATOR TYPE** (Select Type if Applicable)

HQ - HEADQUARTERS **RH** - RESTRICTED HEADQUARTERS (NO ADJ) **IA** - INQUIRY + ADJ **I** - INQUIRY ONLY

I agree to abide by agency policy governing the use of the On-Line System.

REQUESTED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

FOR SECURITY OFFICER USE ONLY COMMENTS:

Date Record Maintained: ____/____/____

